PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Papervork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/581,660			ing Date 03/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FI	.ED NU	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A		1	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A]	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A	1	N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		mir	us 20 = *			x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *]	x \$ =]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sh	ets of pap \$250 (\$125 ditional 50	igs exceed 100 on size fee due of for each on thereof, See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL		
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	08/07/2008	CLAIMS REMAINING AFTER AMENDMEN	т	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18())	• 12	Minus	 20	= 0	1	X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0	1	X \$105 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
L		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z.	Total (37 CFR 1,16(i))		Minus		=]	x \$ =		OR	x \$ =		
M	Independent (37 CFR 1,16(h))		Minus	***]	x \$ =		OR	x s =		
AMENDMENT	Application Size Fee (37 CFR 1.16(s))]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
									OR	TOTAL ADD'L FEE		
** 11	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For "IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS